# **Summary of Changes**

**Delta Dental Small Group PPO Plans** 

#### For Contracts issued with an effective date between January 1, 2022 and December 31, 2022

The information contained in this summary represents a brief overview of the substantive changes made from your previous plan documents to your 2022 plan documents. The changes outlined below represent revisions to your benefits. Changes have also been made to provide additional information, for clarity or to ensure accuracy with how your Plan is administered.

#### **Benefit Changes**

Localized delivery of antimicrobial agents is no longer a Covered Dental Benefit for this plan.

Coverage for space maintainers has been changed from per tooth to per quadrant.

Coverage has been added for cone beam CT scan for TMJ series, once per lifetime.

## **Plan Administration Changes**

No changes.

## **Text Revisions for Clarity and Accuracy – Benefits**

Language in the Covered Dental Benefits section of your benefit booklet has been revised or removed for clarity, transparency, or consistency with clinical standards:

- Class II Restorative language regarding prefabricated crowns was added.
- Class II Endodontics obsolete limitation for re-treatment of root canal has been removed.
- Class III Restorative language regarding inlays was removed from core buildup exclusion.
- General Exclusions laboratory tests and laboratory exams were added.

## Text Revisions for Clarity and Accuracy – Plan Administration

No changes.

### **Global General Text Revisions**

Non-substantive revisions to text have been made to correct typos, grammar and punctuation, or to provide clarity throughout.